



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

Canc: Oct 2003

IN REPLY REFER TO
BUMEDNOTE 1110
BUMED-M7
5 Nov 2002

BUMED NOTICE 1110

From: Chief, Bureau of Medicine and Surgery
To: All Medical Department Personnel

Subj: FY-03 GUIDANCE ON USE OF HEALTH PROFESSIONS LOAN REPAYMENT PROGRAM (HPLRP) FOR RETENTION

Ref: (a) Title 10 U.S.C., Section 2173 (NOTAL)
(b) ASD(HA) policy memo of 14 Jan 02 (NOTAL)
(c) ASN(M&RA) policy memo of 8 May 98 (NOTAL)
(d) OPNAVINST 1110.1 (NOTAL)
(e) OPNAVNOTE 5450
(f) ASD(HA) policy memo of 14 May 02 (NOTAL)

Encl: (1) Sample Request for HPLRP Participation
(2) Sample First Endorsement of HPLRP Participation

1. Purpose. To announce the availability of loan repayments under the Health Professions Loan Repayment Program (HPLRP) to qualified health professionals currently on active duty for FY- 03 and to provide information concerning eligibility and application procedures.

2. Cancellation: BUMEDNOTE 1110 of 14 March 2002 is hereby cancelled.

3. Background. The HPLRP is an accession and retention incentive program within the Armed Forces Health Professions Scholarship Program System (AFHPSPS). The HPLRP is a means to assist eligible personnel in the repayment of qualified loans in exchange for an obligated period of active duty. Reference (a) established the HPLRP and designated responsibility for the program to the Secretaries of the various military departments. Reference (b) established DOD policy and guidance for the HPLRP. Per reference (c) responsibility for administering HPLRP within the Department of the Navy was delegated to the Surgeon General of the Navy/Chief, Bureau of Medicine and Surgery (hereinafter Chief, BUMED) or his designee. Per references (d) and (e), Chief, BUMED designated the Commander, Naval Medical Education and Training Command the program manager for AFHPSPS, which includes HPLRP. Reference (f) delineated the current maximum annual repayment amount for qualified loans.

4. Definitions

a. Active Duty Health Professionals. Any regular or Reserve officer (USN/USNR) in the Medical Corps, Dental Corps, Nurse Corps, or Medical Service Corps.

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b. Qualified Loans. Government or commercial loans for actual costs paid for tuition, reasonable educational expenses, and reasonable living expenses relating to the attainment of a degree in allopathic or osteopathic medicine, dentistry, or other health care profession.

5. Eligibility Requirements for FY-03 Active Duty HPLRP Applicants

- a. Must be a commissioned officer on active duty in the Medical or Medical Service Corps.
- b. Must have completed initial active duty obligation by 30 September 2003.
- c. Must be licensed to practice without restriction in the profession or specialty. The term licensure includes such terms as qualified, certified, or registered.
- d. If a physician, must hold an unrestricted medical license, and be board certified, or eligible for board certification in a medical specialty.
- e. If a Medical Service Corps officer, must hold an unrestricted license in one of the following specialties:

(1) Clinical Psychology

(2) Podiatry (surgically trained, board certified, or eligible for board certification).

Additionally, Medical Service Corps officers must have less than 12 years of commissioned service at the time of application.

- f. Must have an agreement to incur an active duty service obligation in exchange for loan repayment.
- g. Must meet all height/weight and physical readiness requirements.

6. Ineligibility Factors for HPLRP Applicants

- a. Must not be a current or former participant in the Armed Forces Health Professions Scholarship Program (AFHPSP) and/or Financial Assistance Program (FAP).
- b. Must not be a graduate of the Uniformed Services University of the Health Sciences (USUHS).
- c. Must not be subject to a court judgment/lien against the individual's property arising from a debt owed to the United States (to include federal student loans).
- d. Must not be in default or delinquent on any federal debt.

e. Must not be in a promotion non-select status.

f. Must not have a punitive discharge or any other adverse personnel or administrative action pending or in effect.

g. Must not have received four years of loan repayment under the program.

7. Repayment Amount and Active Duty Service Obligation. Each eligible individual selected for participation in HPLRP will be able to receive a loan repayment of up to a maximal amount of approximately \$26,000 per year, for up to four years. The Assistant Secretary of Defense for Health Affairs sets the actual maximum amount of loan repayment annually. Funds used in the HPLRP are taxable income and Income Tax will be deducted prior to disbursement of funds to lending institutions. In exchange for receiving one year of loan repayment, the individual will sign a written agreement agreeing to a corresponding minimum two-year active duty service obligation (ADO). Accepting two years of loan repayment will result in a two-year ADO. Accepting three years of loan repayment will result in a three-year ADO. Accepting four years of loan repayment will result in a four-year ADO. The ADO for HPLRP shall be served at the completion of any additional ADO incurred. An ADO for medical or dental officer multiyear retention bonus shall be served at the completion of the HPLRP ADO (consecutively). No portion of the ADO for HPLRP shall be fulfilled by prior active service.

8. Repayment Distribution within the Medical Department Corps. On a yearly basis, the Corps Chiefs will determine the number of new loan repayments to be awarded and the eligible specialties. Of note, those officers who have previously signed multi-year loan repayment contracts will not be affected by this process.

9. Application Procedures. A notice of intent to apply for HPLRP must be submitted to the respective corps point of contact by 15 November 2002. Applications for HPLRP, enclosure (1), must be submitted to the Commander, Naval Medical Education and Training Command (Code OGMSC), 8901 Wisconsin Avenue, Bethesda, MD 20889-5611. All applications must be received by 30 November 2002. Applications received after that date will not be considered. Each application must contain the following:

a. Request for HPLRP enrollment to include name, rank, corps, social security number, active duty status, years of service, business address, telephone number, facsimile (FAX) number, and e-mail address.

b. The following certification statement: I certify that I have not incurred any prior or current active duty obligation resulting from participation in the Armed Forces Health Professions Scholarship Program (AFHPSP), Financial Assistance Program (FAP), or Uniformed Services University of the Health Sciences (USUHS).

c. Complete loan information and verification for each loan for which repayment assistance is requested to include total loan obligation.

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- d. A completed certification of non-delinquent loan status.
- e. Copy of licensure and board certification/eligibility documents.
- f. A brief motivational statement.
- g. Commanding Officer's endorsement, enclosure (2), to include verification that no punitive or other adverse personnel or administrative action is pending or in effect and that the individual meets height/weight and physical readiness requirements.

10. Application Review Process and Selection Notification

a. A duly appointed Administrative Selection Board will convene in December 2003 to review all applications and provide selection recommendation to the Chief, BUMED. The Chief, BUMED, will make final approval of individuals for participation in HPLRP.

b. As it is likely there will be many more requests for enrollment in HPLRP than available participation openings, the selection process will be very competitive. The Administrative Selection Board will be governed by a Chief, BUMED approved precept. The following criteria, while not encompassing all details of the precept, will be considered by the Administrative Selection Board in making approval recommendations:

- (1) Individual assignments; including operational assignments (past and future).
- (2) Individual accomplishments and awards.
- (3) Potential for future naval service and leadership.

c. The Naval Medical Education and Training Command (NAVMEDEDTRACOM) will notify individuals of their selection or non-selection for enrollment in HPLRP by 10 January 2003. Selected individuals will receive a written agreement delineating the obligations of all parties under HPLRP by 31 January 2003. The original signed agreement must be returned to the Commander, Naval Medical Education and Training Command (Code OH1A), 8901 Wisconsin Avenue, Bethesda, MD 20889-5611, FAX (301) 295-2374, by close of business 15 February 2003. NAVMEDEDTRACOM will coordinate loan repayments with the appropriate lending institutions for those officers signing HPLRP contracts.

d. For questions concerning application procedures and/or eligibility requirements, contact the appropriate point of contact for the corps in question at the following:

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(1) M09-MS: CAPT Krasicky; e-mail mwkrasicky@us.med.navy.mil; DSN 762-3054;
FAX (202) 762-1730.

(2) M09-MC: CAPT Bono; e-mail rcbono@us.med.navy.mil; DSN 762-3063; FAX (202)
762-1626.

A handwritten signature in black ink, appearing to read "M. L. Cowan", with a long horizontal flourish extending to the right.

M. L. COWAN

Available at:
<http://navymedicine.med.navy.mil/instructions/external/external.htm>

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SAMPLE REQUEST FOR HPLRP PARTICIPATION

Date:

MEMORANDUM

From: (Individual)

To: Commander

Naval Medical Education and Training Command (Code OGC)

8901 Wisconsin Avenue

Bethesda, MD 20889-5611

Via: (Commanding Officer)

Subj: REQUEST FOR PARTICIPATION IN THE HEALTH PROFESSIONS LOAN
REPAYMENT PROGRAM (HPLRP)

Ref: (a) BUMEDNOTE 1110 of 5 Nov 2002

Encl: (1) Completed loan information and verification form for each loan for which repayment assistance is requested to include total loan obligation.

(2) Completed certification of non-delinquent status form.

(3) Copy of licensure and board certification/eligibility documents

(4) Personal motivational statement.

1. Request participation in the HPLRP for a period of (one, two, three, or four) years.

2. I certify that I have not incurred any prior or current active duty obligation resulting from participation in the Armed Forces Health Professions Scholarship Program (AFHPSP), Financial Assistance Program (FAP), or Uniformed Services University of the Health Sciences (USUHS).

3. Per reference (a) enclosures (1) through (4) are submitted.

4. I understand that I must sign and return three originals of the HPLRP service agreement (or addendum), as appropriate, if approved for participation in the HPLRP. I also understand that funds used in the HPLRP are taxable income and Income Tax's withholding will be deducted prior to disbursement of funds to lending institutions. I can be reached at DSN (number); commercial (number); FAX (number), and my e-mail address is (address).

(Signature block)

Enclosure (1)

SAMPLE FIRST ENDORSEMENT OF HPLRP PARTICIPATION

1110
00/Ser
Date

FIRST ENDORSEMENT on (name, corps, SSN) letter of (date)

From: (Commanding Officer)

To: Commander

Naval Medical Education and Training Command (Code OGC)
8901 Wisconsin Avenue
Bethesda, MD 20889-5611

Subj: REQUEST FOR PARTICIPATION IN THE HEALTH PROFESSIONS LOAN
REPAYMENT PROGRAM (HPLRP)

Ref: (a) BUMED Notice 1110 of 5 Nov 2002

1. Forwarded recommending approval.
2. Per reference (a), I verify that no punitive or other adverse personnel or administrative action is pending or in effect and that (name of applicant) meets height/weight and physical readiness requirements.
3. Additional comments.

(Signature block)

Copy to: (Individual)

Enclosure (2)